



TEN 3627

PATENT

UNITED STATES PATENT AND TRADEMARK OFFICE PETITION FOR EXTENSION OF TIME FROM THE OFFICE ACTION

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450 Nexandria, VA 22313-1450 on November 29, 2005.

Elizabeth A. Jue

Applicant

: Albert A. Reff

Application No.

: 09/845,754

Filed

: May 1, 2001

Title

: METHOD AND APPARATUS FOR PROVIDING INVENTORY

CONTROL OF MEDICAL OBJECTS

Grp./Div.

: 3627

Examiner

: Maria Teresa T. Thein

Docket No.

: 52585/R631

Commissioner for Patents

D-4--4-

P.O. Box 1450

Alexandria, VA 22313-1450

Post Office Box 7068

Confirmation No. 3682

Pasadena, CA 91109-7068

November 29, 2005

Commissioner:

Applicant petitions the Commissioner to extend the time for response to the Office action dated September 29, 2005 for 1 month(s) from October 29, 2005 to November 29, 2005.

The fee for extension of time required by 37 CFR § 1.17 is calculated below.

CALCULATION OF FEE							
LENGTH OF EXTENSION	SMALL ENTITY	LARGE ENTITY	FEE				
WITHIN FIRST MONTH	\$ 60	\$ 120	\$60				
WITHIN SECOND MONTH	\$ 225	\$ 450	\$				
WITHIN THIRD MONTH	\$ 510	\$ 1020	\$				
WITHIN FOURTH MONTH	\$ 795	\$1590	\$				
WITHIN FIFTH MONTH	\$1080	\$2160	\$				

Submitted herewith is a check for \$60.00 to cover the cost of the extension.

The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required by this paper to Deposit Account No. 03-1728. Please show our docket number with any charge or credit to our Deposit Account. A copy of this letter is enclosed.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE AMENDMENT TRANSMITTAL LETTER

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Commissioner:

Enclosed is an amendment to the above-identified application.

CLAIMS AS AMENDED							
	Claims Remaining After Amendment	Highest Number Paid For	Number Extra Claims	Small Entity Rate	Large Entity Rate	FEE	
Total Claims Fee	13	*20		x \$25.00	x \$50.00		
Independent Claims	2	** 4	v	x \$100.00	x \$200.00		
Multiple Dependent Claims ***				\$180.00	\$360.00		
TOTAL FILING FEE				<u>:</u>			
NO ADDITIONAL FEE REQUIRED	IF NO FEE R	0					
LIST INDEPENDENT CLAIMS: 1, 17							